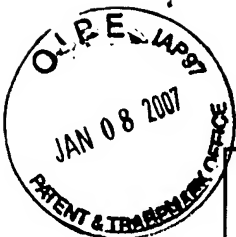


DEP 3' REF



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |                          |   |
|---|--|--------------------------|---|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2006</b> |  | <b>Complete if Known</b> |   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | 10/069,541                              |
|   |  | Filing Date              | February 27, 2002                       |
|   |  | First Named Inventor     | Tatsuya HAGA                            |
|   |  | Examiner Name            | Brannock                                |
|   |  | Art Unit                 | 1647                                    |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | (\$) <b> 0</b>           | Attorney Docket No. <b>31671-176438</b> |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>22-0261</b> Deposit Account Name: <b>Venable LLP</b>   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments              |  |

| <b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>   |             |                       |   |                       |                                  |  |                       |
|---|-------------|-----------------------|---|-----------------------|----------------------------------|--|-----------------------|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |             |                       |   |                       |                                  |  |                       |
| Application Type  | FILING FEES |                       | SEARCH FEES   |                       | EXAMINATION FEES                 |  | Fees Paid (\$)        |
|   | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)  | Small Entity Fee (\$) | Fee (\$)                         | Small Entity Fee (\$)                                  |                       |
| Utility   | 300         | 150                   | 500   | 250                   | 200                              | 100  |                       |
| Design  | 200         | 100                   | 100   | 50                    | 130                              | 65   |                       |
| Plant   | 200         | 100                   | 300   | 150                   | 160                              | 80   |                       |
| Reissue   | 300         | 150                   | 500   | 250                   | 600                              | 300  |                       |
| Provisional   | 200         | 100                   | 0   | 0                     | 0                                | 0  |                       |
| <b>2. EXCESS CLAIM FEES</b>   |             |                       |   |                       |                                  |  |                       |
|   |             |                       |   |                       |                                  | <b>Small Entity</b><br><b>Fee (\$)</b> <b>Fee (\$)</b> |                       |
| Each claim over 20 (including Reissues)   |             |                       |   |                       |                                  | 50   | 25                    |
| Each independent claim over 3 (including Reissues)  |             |                       |   |                       |                                  | 200  | 100                   |
| Multiple dependent claims   |             |                       |   |                       |                                  | 360  | 180                   |
| <b>Total Claims</b>   |             | <b>Extra Claims</b>   | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>  | <b>Multiple Dependent Claims</b> |  |                       |
| - 20 =  |             | x                     | 50  | =                     | <b>Fee (\$)</b>                  |  | <b>Fee Paid (\$)</b>  |
| HP = highest number of total claims paid for, if greater than 20.   |             |                       |   |                       |                                  |  |                       |
| <b>Indep. Claims</b>  |             | <b>Extra Claims</b>   | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>  |                                  |  |                       |
| - 3 =   |             | x                     | 200   | =                     |                                  |  |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |             |                       |   |                       |                                  |  |                       |
| <b>3. APPLICATION SIZE FEE</b>  |             |                       |   |                       |                                  |  |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |             |                       |   |                       |                                  |  |                       |
| <b>Total Sheets</b>   |             | <b>Extra Sheets</b>   | <b>Number of each additional 50 or fraction thereof</b> |                       | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>                                   |                       |
| - 100 =   |             | /50                   | (round up to a whole number) x                          |                       | =                                |  |                       |
| <b>4. OTHER FEE(S)</b>  |             |                       |   |                       |                                  |  | <b>Fees Paid (\$)</b> |
|   |             |                       |   |                       |                                  |  | \$                    |

|                     |                     |                                   |                                    |
|---------------------|---------------------|-----------------------------------|------------------------------------|
| <b>SUBMITTED BY</b> |                     |                                   |                                    |
| Signature           |                     | Registration No. (Attorney/Agent) | 36,830    Telephone (202) 344-4000 |
| Name (Print/Type)   | Ann S. Hobbs, Ph.D. |                                   | Date 1/8/07                        |

783196  
**RECEIVED**

JAN 10 2007

TECH CENTER 1600/2900



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

JAN 10 2007

TECH CENTER 1600/2900

In re application of:

Tatsuya HAGA et al.

Appl. No. 10/069,541

Filed: February 27, 2002

For: HIGH-AFFINITY CHOLINE  
TRANSPORTER

Confirmation No. 1435

Art Unit: 1647

Examiner: S. Stanley

Atty. Docket No. 31671-176438

Customer No.

**\*26694\***

PATENT TRADEMARK OFFICE

REQUEST FOR REFUND

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Refund in the amount of \$120.00 which was deducted from our Venable Deposit Account No. 22-0261 on December 6, 2006. Reasons for which we request this refund is as follows:

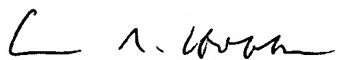
An Amendment was filed via facsimile on November 20, 2006 in response to the Examiner's request that we cancel various claims and file them in a divisional application. There was no running Patent Office due date.

Prior to the facsimile-filed Amendment, the last PTO communication was August 11, 2006 which the PTO asked for, and we filed, certified English translations of the Japanese priority documents.

Based on the above, the deduction of \$120 was erroneously charged, and applicants respectfully request a refund in that amount.

Respectfully submitted,

Date: 1/8/07



Ann S. Hobbs  
Registration No. 36,830  
VENABLE  
P.O. Box 34385  
Washington, D.C. 20043-9998  
Telephone: (202) 344-4000  
Facsimile: (202) 344-8300